234085 Neiklaa

STATE OF SOUTH CAROLINA (Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo Jacob Green dba Town Cab DEC -9 2	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA TRANSPORTATION COVER SHEET VE OKET NUMBER: 2011 - 503 - T Off this is your first time filing an application with the PSC, you will not
(Please type or print) Submitted by: Jacob Gran Address: 1020 Barnhill Rd Hemmeging, Sc. 2955-4	have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above. Telephone: 764. 493-6739 Fax: Other:
NOTE: The cover sheet and information contained herein neither replaces as required by law. This form is required for use by the Public Service C be filled out completely.	commission of South Carolina for the purpose of docketing and must
NATURE OF ACTION	(Check all that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	Exhibit
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter)
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded	Reservation Letter Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

21. 00 1 1

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

	RECEIVED	Date: 12-9-11
CLASS C - TAXI	DEC - 9 2011	•
Application is hereby made of S.C. Code Ann., § 58-23	e for a Certificate of Public Conversion, et seq. (1976), and amendmen	nience and Necessity, in accordance with the provision
1. Name under which busine	ss is to be conducted (corporation, par of the Town (65	rtnership, or sole proprietorship, with or without trade name.)
1020 Bar	nhill Rd Ht.	of Applicant
Mailing Address of Applicant (if different from street address)		
704.493.6739 Fax		
	Phone	Fax
	Email A	Address
Secretary of State and	LC or a corporation, a copy of the the Articles of Incorporation must b State "Poreign Corporation" Certifi	e Certificate of Existence from the South Carolina be attached. (If incorporated outside of SC, attach South licate.)
3. Select Entity Type: (C	heck one)	
Individual Owner	/Sole Proprietorship	the business to the business
		h having an interest in the business.
☐ Corporation - Lis	t names and addresses of two princ	cipal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance	at Time Applie	cation is I	filed:
Month	Dec	Year	2-11

Assets:

72000101	
Cash	5∞
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	3000
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepaids and Other Assets	
Total Assets*	3500
Liabilities and Equity:	•
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	•
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity*	3500

^{*} Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

\$ 5.00 per mile

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.				
Abbeville	Cherokee	☐ Florence	Lee	Saluda
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Marlboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Barnwell	Darlington	Нопу	Newberry	☐ York
Beaufort	Dîllon	Jasper	Oconee	
Berkeley	Dorchester	Kershaw	Orangeburg	Statewide

Lancaster

Laurens

Edgefield

Fairfield

Calhonn

Charleston

Pickens

Richland

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

to carry is based	ber of Passengers Vehicle is Equire on the number of seatbelts in the sengers, including driver assengers, including driver	oped to Carry: (The number of periods of the driver's series of the	passengers a vehicle is equipped seatbolt.)
FULD	YEAR & MODEL OG TOURIS	VIN# IFafp 53 UI	EMPTY WEIGHT

INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE.

The insurance quote must be complete, listing ourrent insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

Total trun e	Name of Motor Carrier
1020 Born	Name of Motor Carrier hill Al Hembrauey, SC 29554 Address of Motor Carrier
mount of Premium:	Limits Quoted: (See Below)
iability Insurance \$	0.00 Limits 25/50/25
The above quoted premium is for	a term of months.
Minimum Limits - Intrastate Or	
1-7 Passenger	\$ 25,000/50,000/25,000
8-15 Passenger	\$ 25,000/100,000/25,000
Stornet	Name of Insurance Company St. Florence, St. 2950 5 Home Office Address of Company
3654 5 Erby	St Florence SL 2950 5 Home Office Address of Company
I am familiar with the Commission	on's Rules and Regulations relating to insurance requirements and the above quot nits prescribed. The insurance company making this quote is authorized by the surance to do business in South Carolina.
12-9-0	Authorized Insurance Company Representative's Signature
Dato	Authorized Insurance Company Representative's Signature

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.so.ms/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

	Jacob Co	vun Uba Tour Cab Name of Applicant
-	0,000	Name of Applicant
1.	Are there currently any ou	tstanding judgments against the Applicant?
	O Yes	● No
	If Yes, indicate nature of	judgement(s) against applicant.
2.	Is Applicant familiar with carrier operations in Sout statutes and regulations?	all statutes and regulations, including safety regulations and governing for-hire motor h South Carolina, and does Applicant agree to operate in compliance with these
	Yes	O No
3.	. Is Applicant aware of the therewith?	Commission's insurance requirements and the insurance premium costs associated
	Yes	O No

Exhibit on Driver Qualifications

1. Applicant understands that	all drivers must be a minimum of 18 years of age.
Yes	O No
2. Applicant understands the and such record from the be maintained in the App	t a certified copy of the driver's three (3) year driving record issued by the SC DMV DMV of the state in which the driver is or has been domiciled for such period must icant's business office.
Ycs	○ No
*	
 Applicant understands the must be maintained in the 	at a criminal history background check from the state where the driver currently lives e Applicant's business office.
. 💮 Yes	O No
4. Applicant understands to their possession when of state of residence of the	hat all drivers operating a vehicle under a Class C Taxi Certificate must have in perating a charter vehicle, a valid driver's license issued by the SC DMV or the current driver.
Yes	O No
	that all Class C Taxi Certificate holders are prohibited from employing or leasing are registered, or required to be registered, as sex offenders with the South Carolina t Division or any national registry of sex offenders. No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Applicant's Signature

Applicant's Signature

Outnois

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

COUNTY OF ONE

SWORN TO BEFORE ME
This g day of Description 20 //

Notary Public

Commission Expires 217-2019

AUBLIC AUBLICATION A